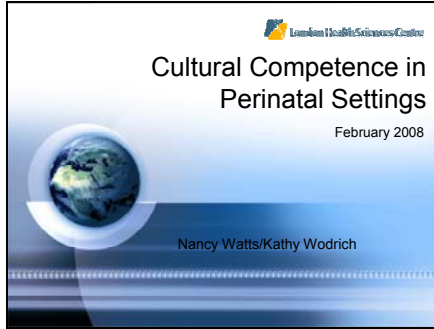
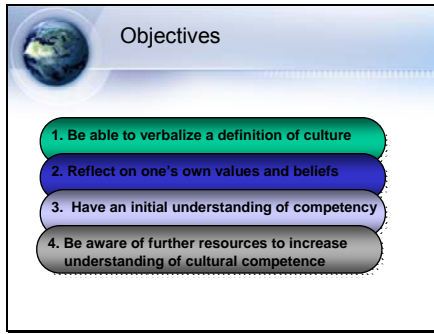


Slide 1




Slide 2



Slide 3




Slide 4

 Ms. R


- Ms. R., a 16-year-old, G2 TPAL 0010 woman comes to Triage experiencing acute abdominal pain at 31 weeks gestation. She describes a small amount of bright red vaginal bleeding and occasional cocaine use. Ms. R. has had 3 prenatal visits during her pregnancy with one ultrasound at 16 weeks which showed a "low lying placenta". The resident is overheard talking to the other staff, saying, "I am not going to rush—she should have known better than to use cocaine in pregnancy"!
- How does cultural competence influence this patient's care?

Slide 5

 Ms. J.

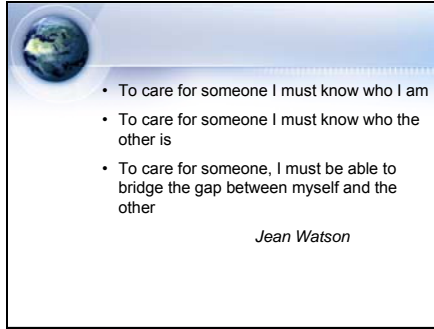
- Ms. J., a 23-year-old Asian woman, 38 weeks with her second pregnancy, is in active labour. She labours quietly and speaks to her sister in Mandarin from time to time. You offer her various pain options such as Nitronox or hydrotherapy but she seems to be coping with the support of her family. You go out to the nursing station to update the patient board with her progress and tell your colleagues that you can take a break now as you are "not really needed" by Ms. J. at this time.
- How does cultural competence influence this patient's care?

Slide 6

 Ms. T

- Ms. T., a 32-year-old G4 TPAL2012, woman is in labour with twins at 35 weeks. The couple who is planning to adopt these twins is in the Birthing Centre hoping to see these long awaited infants soon. Ms. T., their surrogate, has her partner with her but the adopting couple hope to be present for the birth as well. You overhear your colleague telling the birth mother that the "visiting policy only allows two so she will have to decide who that will include". Your colleague then states, "I really don't understand why anyone would have a pregnancy for a stranger"!
- How is cultural competence important as part of the care of these families?

Slide 7



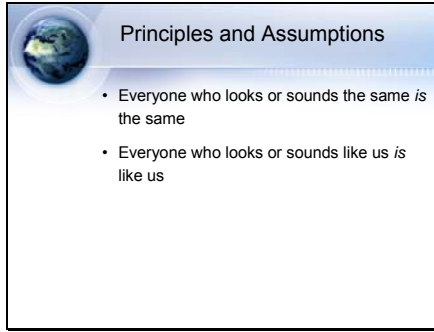
• To care for someone I must know who I am

• To care for someone I must know who the other is

• To care for someone, I must be able to bridge the gap between myself and the other

Jean Watson

Slide 8

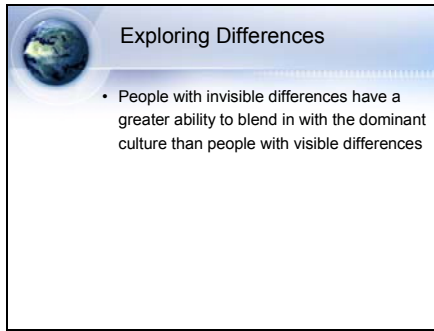


Principles and Assumptions

• Everyone who looks or sounds the same *is* the same

• Everyone who looks or sounds like us *is* like us


Slide 9



Exploring Differences

• People with invisible differences have a greater ability to blend in with the dominant culture than people with visible differences


Slide 10



Diversity Can Include

- Racial identity
- Ethnicity
- Sexual orientation or identity
- Gender, and gender identity
- Socio-economic status
- Class
- Mental and physical abilities
- Language, literacy, education
- Age
- Values and beliefs

Slide 11




Definitions of Culture

- The mix of ideas, beliefs, values, behavioural norms, knowledge and traditions of a group of individuals who share a historical, geographic, religious, racial, linguistic, ethnic or social context, and who transmit, reinforce and modify these ideas and beliefs, passing them on from one generation to another
- Culture is the total of everything an individual learns by being immersed in a particular context resulting in a set of expectations for appropriate behaviour in seemingly similar contexts

(Canadian Race Relations Foundation, 2005)

Slide 12



Leininger's Definition of Culture

- The learned, shared and transmitted knowledge of values, beliefs, norms and lifeways of a particular group of people that guides an individual or group in their thinking, decisions, and actions in patterned ways

(Leininger, 1995)


Slide 13

 Culture is...

- Commonly
- Understood
- Learned
- Traditions and
- Unconscious
- Rules of
- Engagement

(Srivastava, 2007)


Slide 14

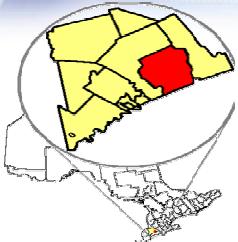
 Cultural Elements

Culture is

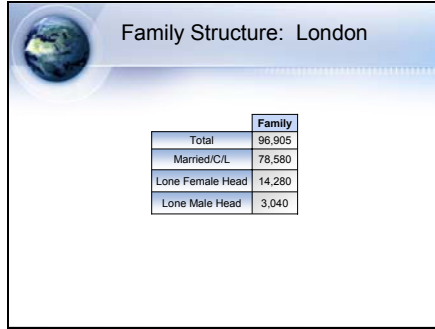
- Experiential and learned from birth
- A dynamic and continuous process influenced by many factors
- Part of an individual's sense of identity, and a set of rules about how to interact with others
- A perspective that may be unconscious most of the time
- A vital part of how we function
- Shared, yet unique to each of us

Slide 15

 London/Middlesex



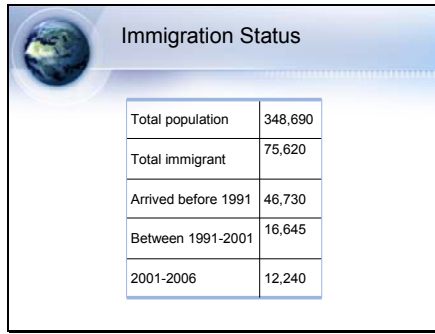
Slide 16



Family Structure: London

	Family
Total	96,905
Married/C/L	78,580
Lone Female Head	14,280
Lone Male Head	3,040

Slide 17



Immigration Status

Total population	348,690
Total immigrant	75,620
Arrived before 1991	46,730
Between 1991-2001	16,645
2001-2006	12,240

Slide 18



London Community Profile

2004
Population 352,395

2001 Census Data

"Foreign Born" 18%

Place of Birth Europe, Asia, Central & South America, USA, Africa, Arab Republic

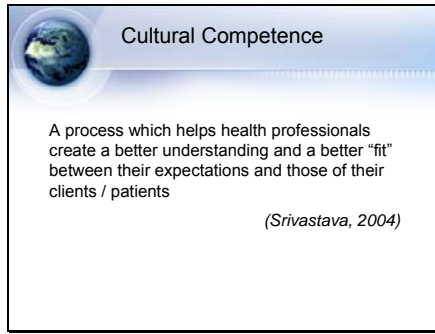
Ethnic Origins UK, European, Native Canadian, Chinese, East Indian, Arabic, Hispanic

Mother Tongue Consistent with Ethnic Origins

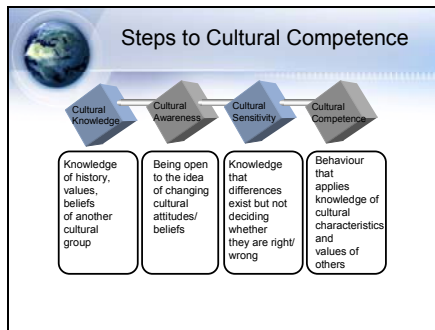
Slide 19



Slide 20



Slide 21





Slide 22

 **Strategies to assist with cultural competence**


- Recognise yourself as part of the diversity in society
- Acknowledge the cultural "baggage" you carry
- Examine your own attitudes about genetically determined attributes
- Participate in professional development and education involving cultural diversity
- Seek out culture-friendly teaching and assessment tools
- Acknowledge the power you have to use professional privilege positively or negatively
» (Willis, 1999)

Slide 23


 **Bridging the gap**




Slide 24

 **Culture of Nursing**

- "Nursing, seen as a routine activity where a person is required to ritually give up her own clothes and identity, her own familiar environment, and surrender to the health care system, means much more than just nursing—a human being is now "less than she/he was before"
- When a patient/nurse meet, they always shape and create multidimensional cultural structures




Slide 25



Values/Beliefs

- Physical caregiving, personhood, autonomy, privacy and trust are essential
- Roles and tasks are clearly defined
- Assessment and feedback given hourly/daily provide a way for the nurse to measure his/her competence/skill
- Caring behaviours
- Technical skill


Slide 26



Perinatal Nursing

- "nurse is the key to a wonderful birth experience"
- "Nurse makes a lifelong impression on the mother/family during labour/birth/postpartum"
- "Nurse's attitude influences and predicts outcome of labour" (Steutel, Schultz & Wyble, 2007)
- Values technology
- Teamwork is key

Slide 27



Nursing Students

- "hit the ground running"
- "face an obstacle course in their first year"
- Out on the periphery/ marginalized
- Describe isolation, vulnerability and uncertainty
- "sink or swim"

Slide 28



 Cultural Competence




Slide 29

 Storytelling

- "Stories embody a personal way of knowing that is unique" (Sorrell, 2003)
- Through listening to someone's story, we are drawn into their reality
- Actively listening to women's stories as part of their care:
antenatally, intrapartum or postpartum, is a way of showing respect and gaining understanding




Slide 30

 Communication


- Cultural differences are expressed in the use of body language, eg. eye contact and acceptable greetings, the use of spatial distance, touch, voice volume, tone and intonations, and the use of name in conversation
- Communication is 7% verbal, 38% vocal or paralanguage (tone, silence, inflection) and 55% nonverbal (body language)
- Nonverbal communication is often unconsciously motivated and more accurately indicates a person's meaning than the spoken words

Slide 31

 **Use of Interpreters**


- Allow extra time for the session
- Use trained bilingual translators
- Never use children or family members
- Verify/clarify to ensure understanding
- Speak to the patient/family
- Beware of using jargon, being too rushed or words that cannot be translated easily

Slide 32


 **Use of Interpreters**

- Nothing was so exciting in a house as the birth of a child
- Each time she had given birth she had felt purged and renewed
- It was the day of women, as all days of birth are

(Buck, 1946)



Slide 33

 **Pregnancy and Health**


- Pregnancy in Spanish means "light", full of life and promise for expectant parents

(Callister, 2006)

- Women who have prenatal care interpret information in a cultural context, i.e. "if the mother and infant were healthy and birth was uncomplicated, the mother assumed that she had gained an appropriate amount of weight"

(Vallianatos, et al, 2006)


Slide 34



Pica and Pregnancy

- Defined as "eating nonfood substances"
- Culture-bound syndrome
- Has occurred for centuries
- Varies with socioeconomic status and geographic location
- Includes laundry starch, freezer ice, clay, dirt, burnt matches, wallplaster, hair
- Risk of malnutrition and iron deficiency
- Associated with nausea prevention and attention seeking

Slide 35



Herbal Use in Pregnancy/Postpartum

- Manzanilla (chamomile) and oregano (utero-active properties late in pregnancy)
- Chamomile for treatment of infant colic
- Red Raspberry leaves: relief of nausea and pain in labour
- Black cohosh: mimics the effects of estrogen (not recommended prior to term) and causes vasodilation

Slide 36



Customs/Traditions in Pregnancy

- Inactivity during pregnancy will lead to a difficult labour in which the baby will get stuck (Mexican)
- Orange juice is to be avoided as it will cause the "stomach to swell up" (Mexican)
- Exposure to an eclipse in pregnancy can lead to fetal head defects (Mexican)
- Hot foods are preferred during pregnancy but cold foods are eaten during postpartum (Latino)
- A glass of milk a day will give the baby a fair-skinned complexion rather than ruddy (Russian)
- Walking under a clothesline in pregnancy will cause stillbirth (Amish)

Slide 37

 **Socioeconomic Diversity**

- Differences may be seen in:
 - ↓ number of prenatal visits
 - Need to use public transportation
 - Support people at prenatal visits and/or labour birth may be sister/mother/friend
 - ↓ planning for this pregnancy/birth
 - May be ↓ support from family/friends during pregnancy and in postpartum


Slide 38

 **Client's Preference for Health Care Provider**

- Women/families may ask that they receive care from a female health care provider
- Helpful to explore this request and how it may be accommodated during labour/birth
- Modesty and privacy may be extremely important for many different women




Slide 39

 **Amish**

- Believe that good health and children are a gift from God (6-7 average per family)
- Death is accepted as a natural occurrence
- Emotional support is provided by the family and church members
- Family is extremely important in decision-making
- High risk for genetic disorders


Slide 40



Surrogate pregnancies

- First publicized in 1980 (US), approximately 4000 as of 1996
- ↑rate related to ↑maternal age, use of reproductive technologies and ↑infertility
- Legal in Canada and contract is negotiated with lawyers for pregnancy and adoption following the birth
- Need to see each family and recognize specific preferences and needs (including loss) as well safety, privacy and legal issues for the staff/institution


Slide 41



Lesbian couples and pregnancy

- Assuming heterosexuality is a common bias
- Identify many barriers to health care such as a lack of female health care providers, confidentiality and respect
- Risks include ↑rate of STIs, recreational drug and tobacco use, ovarian cancer and similar rates of violence in intimate relationships
- Lack of acceptance and fear of mistreatment are biggest concerns about health care providers in pregnancy


Slide 42



Cultural Perceptions of Pain in Childbirth

- Childbirth pain is a unique experience for each woman
- Perception and meaning of pain as well as pain related behaviours while giving birth are culturally defined for each woman
- "Each culture has its own language of distress: expressed verbally and non-verbally" (Clark et al, 2003)
- Women who are well supported and confident feel less pain


Slide 43



Expression of pain in Childbirth

- Verbally expressive with crying and screaming that may include prayers for safety (Muslim)
- Verbal expression may deplete the body of energy stores needed for birth (Chinese)
- Pain is an obligation of a woman's life and a chanted mantra such as "a'iee" is a form of strength (Guatemalan)

Slide 44



Comparison of Intrapartum Health Care practices (China/US)

- Concept of nursing care is "wholeheartedly providing service to others: devotion to the relief of suffering and illness"
- Nursing care in labour includes checking cervical dilation with a rectal examination
- Multiple beds for birth in one room
- Husband and/or significant other is not welcomed into the birthing room due to multiple labouring women

Slide 45



Perinatal Application

What We Asked Before	What / How We Ask Now
Are you on a special diet?	Are there specific foods that would give you comfort after your baby is born?
_____	_____

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What We Asked Before	What / How We Ask Now
<i>Do you have any specific cultural or religious preferences?</i>	<i>Are there specific cultural or religious preferences that we should be aware of that are important to you/your family?</i>

Slide 47


- Postpartum recovery period lasts about 30 days (observed by Asian and Arabic) or 40 days (Russian)
- Use of tap water for hygiene is prohibited to avoid getting "wind" in the body
- Imbalance of Yin and Yang is addressed by ↑clothing, hot liquids such as broth, tea
- Time determined by lochia
- Ritual that is repeated and comforting in times of change offering maternal protection

Slide 48

- Approximately 10-25% of pregnancies end in miscarriage
- Few rituals available in any culture to identify transition of death in early pregnancy loss
- Birth, marriage and death are normally cross-cultural events to make life transitions


(Kobler & Kavanagh, 2007)

Slide 49

 **Rituals, Rites and Perinatal Loss**


- Important to ask woman/family about involvement of their preference of a religious person, eg. rabbi, priest, minister to initiate spiritual comfort measures
- Offer opportunity to hold and/or bathe infant
- Ritual may include a gathering of family members to offer support and/or "lay on hands"

Slide 50


 **Autopsy**

- Addressing the family as a whole may assist with decision-making
- Understanding that the body will be treated with respect is important
- Subject of autopsy should not be discussed until death occurs (Chinese)
- Death may be viewed as a normal part of life and "God's will"
- May need to be done as quickly as possible (within 24 hours)


Slide 51

 **Memory Box**

- Do you wish to prepare a memory box?
- Offer various elements such as a footprint, card with details of the birth, bracelet (ID), pictures (if appropriate)
- *What would you like to put in the memory box?*




Slide 52

 **Is it Culturally Acceptable to Take Pictures?**


- Respect is shown when one asks permission of the parents of an infant who has died if they wish to take or have photographs taken
- Some cultural groups, eg. Amish do not wish photos ("graven image")
- Some families may not wish a picture at the time but return and pick them up weeks/months later

Slide 53


 **Conclusion**

- Nurses who are culturally competent:
 - Recognize competing world views in interactions with women/families
 - Use differences to inform, enhance and enrich their own understanding of health, illness, and health priorities
 - Recognize the commonalities that bring people together (Callister, 2005)
 - Listen to each individual woman/family's story

Slide 54

 **"Adding wings to caterpillars does not create butterflies—it creates awkward and dysfunctional caterpillars. Butterflies are created through transformation..."**

Stephanie Marshall



Slide 55



Resources

<http://depts.washington.edu/pfes/cultureclues.html>
www.culture.ca
www.cp-pc.ca/english/index.htm

Slide 56



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